

**Dr. YSR Aarogyasri Health Care Trust****Dr. YSR Aarogyasri Health Care Trust**

D.No. 241, MGM Capital Building, Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant, Chinnakakani, Mangalagiri, Guntur District, Pin: 522508.
Phone No: 0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04405052

Date : 06/05/2024 10:54:28

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kasturi Gangabhavani (the patient) on 01/05/2024 11:38:32 having Health/White/TAP/RAP card no. **JAP042600100075/04** and belonging to district **EAST GODAVARI**, suffering from **IMPLANT REMOVAL** having given consent for **Removal of implants plates and nail (S5.8.1)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **17600** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)

Date: 02-May-2024 05:24 PM

Seal :



BILLING CARD

MH/PRINT / 0007 / BILL / FO

Patient Name Easturi. Gangabharani; 28fIP No. 198Room No. Female wardD.O.A. 1/5/24 Time 12:35 PM

"RSTS" (RT) Elbow Implant Removal

Rent Per Day 1800/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/5/24	1 pm	ERIP	Female ward	P. Sandeep 20/2
3/5/24	11 AM	Flw	OT	Chaitanya
3/5/24	12:10 pm	OT	STCU	mami (10003) Dr
3/5/24	3:00 pm	S.T.C.U.	Flw	A. Kalyan

OPERATION THEA TRE

Date	: 3/5/24	OT No.	: I
Surgeon	: Dr. Suryaprasad	Start Time	: 11:10 AM
I Asst. Surgeon	: nil	End Time	: 12 PM
II Asst. Surgeon	: nil	Dis. Pack	: nil
III Asst. Surgeon	: nil	Diathermy	: 11:15 AM to 11:30 AM
Anaesthetist	: Dr. Sandeep	C-Arm	: 11:30 AM to 11:40 AM
OT Nurse	: padma	Arthroscopy	: nil
Name of Surgery	: (RT) Ulna plate Removal	Laprosocopy	: nil
		Sevoflurane / Isoflurane	: nil
		Inj. Fentanyl	: nil
		Others	: nil

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/5/24	12:14 pm	3/5/24	3:00 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

115/24

qbc, Ct, BT, SGT, FBS, T, Bilirubin, Blood urea,
Creatinine, Viral markers

RADIOLOGY / ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

1/5/24 ECG, chest x-ray
 6/5/24 Elbow Ap / LAT x-ray (R) ✓

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

[illegible]